



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

August 25, 2008

FILE COPY

Joseph S. Bleymaier, Administrator
Emmett Rehabilitation & Healthcare, Inc.
714 North Butte Avenue
Emmett, ID 83617

Provider #: 135020

Dear Mr. Bleymaier:

On **August 6, 2008**, a Follow-Up revisit survey was conducted at Emmett Rehabilitation & Healthcare, Inc by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found to be in substantial compliance with Federal regulations during this survey.

Enclosed is a Statement of Deficiencies/Plan of Correction, State Form, listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. **WAIVER RENEWALS MAY BE REQUESTED ON THE PLAN OF CORRECTION. Please provide ONLY ONE completion date for each State Tag in column X5 (Complete Date), to signify when you allege that each tag will be back in compliance.** After each deficiency has been answered and dated, the administrator should sign the State Form Statement of Deficiencies, in the space provided, and return the original to this office.

Your copy of the Post-Certification Revisit Report, CMS Form 2567B, listing deficiencies that have been corrected is enclosed.

Your Plan of Correction (POC) for the deficiencies must be submitted by **September 8, 2008**.

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been

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affected by the deficient practice;

- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Provide dates when corrected action will be completed.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink that reads "Lorene Kayser". The signature is written in a cursive, slightly slanted style.

LORENE KAYSER, L.S.W., Q.M.R.P.

Supervisor

Long Term Care

LKK/dmj

Enclosures

PRINTED: 08/25/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/06/2008
NAME OF PROVIDER OR SUPPLIER EMMETT REHAB & HEALTHCARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 714 NORTH BUTTE AVENUE EMMETT, ID 83617		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
(C 000)	16.03.02 INITIAL COMMENTS The Administrative Rules of the Idaho Department of Health and Welfare, Skilled Nursing and Intermediate Care Facilities are found in IDAPA 16, Title 03, Chapter 2. The following deficiencies were cited during a follow up to the annual survey at your facility. The surveyors conducting the survey were: David Scott, RN Amanda Bain, RN Kari Davies, MPH, RD, LD	(C 000)	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Emmett Rehabilitation & Healthcare does not admit that the deficiencies listed on the CMS Form 2567 exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The Facility reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.		
(C 325)	02.107.08 FOOD SANITATION 08. Food Sanitation. The acquisition, preparation, storage, and serving of all food and drink in a facility shall comply with Idaho Department of Health and Welfare Rules, Title 02, Chapter 19, "Rules Governing Food Sanitation Standards for Food Establishments (UNICODE)." This Rule is not met as evidenced by: Based on observation and staff interview, it was determined the facility did not ensure sanitary conditions were maintained in the storage of food. This had the potential to affect 100% of residents who ate in the facility. Findings include: During a kitchen inspection on 8/6/08 at 10:30 am, the following items were noted in the main freezer: 1. An open bag of frozen chicken without label or date. 2. An open bag of frozen shrimp without label or	(C 325)	C 325 02.107.08 1. Open, unlabeled bags of food were removed from the kitchen on 8/6/08. 2. All residents could be affected by this deficient practice. All dietary staff were re-inserviced concerning proper food storage and safety, as well as their individual responsibilities to ensure proper sanitary practices. Cooks were inserviced on conducting daily sanitary rounds. 3. Dietary Manager or the Lead Cook will conduct daily checks of the food storage and maintain a log to ensure	7/31/08	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

ADMINISTRATOR

TITLE

9/8/08

(X6) DATE

If continuation sheet 1 of 2

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{C 325}	Continued From page 1 date. A dietary staff member was questioned regarding the unlabeled/undated food items in the freezer and was unable to state when the items had been placed in the freezer.	{C 325}	C 325 (Continued from page 1) open foods are labeled and dated, and that other sanitary checks are completed. 4. Daily sanitary checks will be collected and brought to the administrator weekly, and reviewed by the Quality Assurance (QA) Committee for three months, and quarterly thereafter. Date: 9/8/08		